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To: Commissioner for Patents
Fax Number: (571) 273-8300
Date: August 18, 2006
Pages: 23 pages (including this cover sheet)

MESSAGE:

SYSTEM AND METHOD FOR WEB PAGE ACQUISITION

Application No. 09/821,400

Examiner R. Osman

Art Unit 2157

Amendment Transmittal

Petition and Fee for Extension of Time

Amendment

JP919990315US1

(590.048)

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Amendment Transmittal

AUG 18 2006

Atty. Docket No. JP919990315US1
(590.048)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Seki et al.
Serial No. : 09/821,400 Examiner : R. Osman
Filed : March 29, 2001 Art Unit : 2157
For : SYSTEM AND METHOD FOR WEB PAGE ACQUISITION

HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

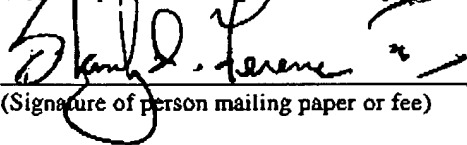
1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☐ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF MAILING UNDER 37 CFR § 1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on August 11, 2006 to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III

(Type or print name of person mailing paper or fee)



(Signature of person mailing paper or fee)

Page 1 of 2

PERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. JP919990315US1
(590.048)

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
				RATE	FEE		RATE	FEE
Total Claims	19	** 20	= * 0	x \$25	=	O	x \$50	= 0
Ind. Claims	8	*** 8	= * 0	x \$100	=	R	x \$200	= 0
<input type="checkbox"/> Multiple Dependent Claim Presented				+ \$180	=	O	+ \$360	=
				TOTAL	= \$	R	TOTAL	= \$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.

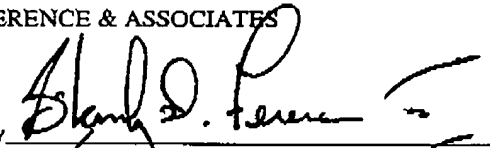
*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

PERENCE & ASSOCIATES

By


Stanley D. Ference III
Reg. No. 33,879

Dated: August 18, 2006

Mailing Address:

Customer No. 35195
PERENCE & ASSOCIATES
409 Broad Street
Pittsburgh, Pennsylvania 15143
(412) 741-8400
(412) 741-9292 - Facsimile

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